

**Office of Administration**  
**Commissioner's Office**  
 Contract Period July 1, 2016 – June 30, 2017  
**"Request for Preauthorization for Other Services"**

Program: **Alternatives to Abortion**

Contractor: Alliance for Life – Missouri, Inc.

Subcontractor: Alternatives Clinic Harrisonville, Mo

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name Amanda Chun Date Enrolled 08-18-2016

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
3/29/17	Install: Break Pads, Rotor, Brake Caliper, Brake Hose  2000 Saturn SL2 Mileage: 191,615	\$314.71	There are no other sources of funding available in the area for car repair. Amanda needs a vehicle to get back and forth to work.
Amt to be reimbursed		\$314.71	

Authorized person requesting purchase: Linda Freeland Date: 3/23/17

Alliance for Life Program Manager: Carrie Hoelscher

Approved for purchase: Emily Dwyer Date 3/27/17

Purchase denied:   Ⓟ   Date   

Reason for denying purchase:

# HARRISONVILLE AUTO LUBE

1301 S. Commercial St.  
HARRISONVILLE, MO 64701  
(816) 884-4888

SOLD BY		DATE	
		3-23-17	
NAME			
ADDRESS		PHONE	
CITY			
<input type="checkbox"/> CASH <input type="checkbox"/> CHARGE <input type="checkbox"/> MERCHANDISE RETURNED <input type="checkbox"/> C.O.D. <input type="checkbox"/> PAID OUT <input type="checkbox"/> PAID ON ACCOUNT			
QTY.	DESCRIPTION	PRICE	AMOUNT
1	Brake Pads		40.00
2	Rotors		60.00
1	Brake Caliper		35.99
1	Brake Hose		26.00
5			
6			
7			
8	Labor		140.00
9			
10			
11	Tax		12.72
12			
13			
14			
15			
16			
RECEIVED BY		TOTAL 314.71	

THANK YOU